Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/11/</u> 20 <u>10</u>	Address:	<u>1201 1/2 Hulman St.</u>
Case #:	<u>53F22495</u>		Terre Haute, IN 47802
County:	<u>Vigo</u>		
Type of L:	aboratory Scizure (check one)	Seizure Location (c	theck all that apply)
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all ti	nd: Loca <u>tion (bedroom, kitchen, open</u> hat apply) n/Ammonia Reaction(s):	air. c(c)	
Red Phosphorous/Iodine Reaction(s):			
$igstyle \operatorname{Flamms}$	able Solvents: <u>Resid</u> ence		
☐ Water Rea	active Metal (Lithium):		
☑ Anhydrous Ammonia: Residence			
Hydrochloric Acid Gas Generator(s): Residence			
Corrosive Acid: Residence			
Corrosi	vc Base;		
Other (i	tem and location):		
☐ Yes ☐ No	er age 18 discovered (check one)(number present) port to Child Protective Services	Ephedrine	<u>: Information</u> ∌Pseudoephedrine Tracking Log erchant Tip —.
This repor	t is to be faxed to the following ag	encies that serve the lo	eation:
Fire Depart	ment: Terre Haute City FD	Fax: <u>812-2;</u>	
Health Department: Vigo Health Dept.		Fax: <u>812-2:</u> Fax: <u>812-2:</u>	
Child Prote	ction Service: Vigo CPS	1 ax. <u>012-2.</u>	7.1-1.4 <u>00</u> 2
For further Investigatin	information regarding this methamp ig Officer: <u>J. Kempf/ 7922</u> Ph	hetamine laboratory, co one (765) 653-4114	mlact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.